# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| 1 | **AHIP—America's Health Insurance Plans**<br>**Martin Mitchell, Samantha Silva** | **Decline** | ***§2538.1 (a)***<br>Add language regarding "cost of compliance and the availability of translation and interpretation services" to the regulations. This provision is an important statutory provision which provides specific regulatory implementation guidance to the Commissioner and is deserving of incorporation into this section. | The statute is clear and unambiguous on this issue. Therefore, it is unnecessary to further define this section in the regulations.<br><br>The statute requires insurers to "…update the linguistic needs assessment, demographic profile, and language translation requirements every three years." There is no further definition of "demographic profile" in the law. Therefore, regulations are needed to clarify and define the meaning of this requirement. The identification of "race" is a primary component in understanding the cultural context in which health care services are to be provided to LEP insureds. There is a distinction between "race" and "ethnicity" which will better inform the insurer and provider as to the appropriate language to provide to an LEP insured. |
| | | **Decline** | ***§2538.2 (a), (e) and (l)***<br>***At (a):*** Delete the word "race" from that definition of "demographic profile." The statute makes no provision for health insurers to collect, maintain, or report to the Commissioner any race based information. | |
| | | **Accept** | ***At (e) and (l):*** Delete "sign language" from these definitions. | "Sign language" has been deleted from the regulations. |
| | | **Accept.** | ***§2538.2(o)***<br>Delete "individual insurance policies and certificates of insurance" from the requirements for translation of vital documents. | "Individual insurance policies and certificates of insurance" has been deleted from the definition of vital documents to be translated. |
| | | **Accept** | ***§2538.3: Language Assistance Program (LAP)***<br>AHIP requests the proposed regulation's multiple language requirement be deleted and the regulation be made consistent with the statutory language. This would also require the deletion of the multiple language definition in section §2538.2. | The definition of "multiple languages" has been deleted. The requirement to provide notice in multiple languages has also been deleted from section 2538.3 and 2538.4.<br><br>"Multiple languages" has been deleted from the regulations for lack of statutory authority. While the requirement for notice in "multiple |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept** | ***§2538.4: Needs Assessment of Insured Population***<br>AHIP requests that the "multiple languages" requirements of this section also be deleted. | languages" has been deleted, in order to address the serious issue of LEP insureds receiving notice of the availability of interpretation services in a language that they can understand, the Commissioner has amended the regulations to provide for a notice to be developed by the Department which insurers shall provide to all insureds. It is the intention that this notice shall be written in multiple languages.<br><br>See comment above. "Multiple languages" has been deleted from section 2538.4(a). |
| | | **Decline** | ***§2538.6: Individual Access to Oral Interpretive Services***<br>AHIP request that the Commissioner reexamine the issue of translation services that are required for health insurer compliance with the language assistance requirements to ensure assess to the provision of benefits and the access to vital documents as required under SB 853. | SB 853 establishes the specific documents that are required to be translated into the threshold languages by health insurers. Regulations cannot reduce or limit the underlying statutory requirements. The Commissioner has carefully and fully examined this issue in an effort to develop regulations that implement the law while allowing insurers the greatest degree of flexibility in the manner in which they develop the LAP. |
| **2** | **Jim Knox, American Cancer Society** | **No response needed.** | The American Cancer Society, California Division supports the leadership of the Department of Insurance in requiring health insurers to meet the unique needs of communities of color. We join our colleagues at the California Pan Ethnic Health Network in supporting the provision in the draft Health Care Language Assistance Program regulation that requires health insurers to collect data on the race, ethnicity, and primary language of their members. | Supports inclusion of "race" in definition. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| 3 | **Marty Martinez The California Pan-Ethnic Health Network** | **Decline** | **§2538.4 Definition and Collection of Demographic Profile.** We would suggest the Department include language that: 1) ensures individual enrollees' privacy and that enrollees are informed as to the purpose and use of the information and 2) specifies that the information collected from insurers be reported to the Department and made publicly available in a way that protects the privacy of individual enrollees and 3) the survey that insurers are required to conduct, at 2538.4, should be modified to make clear that it is not only language that must be collected by this survey, but also other elements of the demographic profile, especially race and ethnicity, must be collected through this survey process as well. | This section requires insurers to survey and update the linguistic needs, demographic profile and language translation requirements every three years. "Demographic profile" is defined in the definition section of the regulations to include race and ethnicity; therefore, it is unnecessary to define "demographic profile" again in this section. |
| | | **Decline** | **§2538.2(d) Definition of "Interpreting/ Interpretation."** We strongly support the current definition of "interpreting" or "interpretation" to include signed message and signed language. | The Commissioner has deleted "sign language" from the definition of "interpreting" because of lack of statutory authority. |
| | | **Decline in part; accept in part.** | **§2538.6(c) Prohibition on Minors As Interpreters.** We strongly support language prohibiting the use of minors as interpreters. The statutory intent of the original legislation was to ensure that LEP insureds have access to a 'qualified interpreter'. In our opinion, a minor can never meet this definition. | The Commissioner has modified the language to delete "prohibited" and insert "strongly discourage" regarding the use of minors as interpreters. Clarifies the distinction between the use of a minor in an emergency and non-emergency situation. This change was made to ensure that an adult insured would have access to interpretation if their only choice, after being offered a qualified interpreter at no cost, is to use a minor as an interpreter. |
| | | **No response needed** | **Quality Interpretation and Translation Services.** We support language requiring health insurers to ensure the quality of interpretation and translation services, staff training on the language assistance plan, and that translation and interpretation services require sensitivity and recognition of cultural differences and diversity. | These regulations address these concerns. |
| | | **Accept in** | **§2538.6(a) Individual Access to Oral Interpretation Services** | The regulations intend to provide insurers with maximum flexibility |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| 4 | **Anne Eowan Association of California Life & Health Insurance Companies** | **Accept** | **SECTION 2538.2 DEFINITIONS**<br>**Subdivision (b)** Clarify the definition of "health insurer" related to direct contracting, networking, etc. | This definition has been deleted because it did not provide clarification. The language in the statute governs. Section 2538.1 (a) states that these regulations apply to all health insurers as defined in section 106 of the California Insurance Code. |
| | | **Accept** | **Subdivision (e)** Delete "sign language" from definition of "interpreting" or "interpretation". | The Commissioner has deleted "sign language" from the definition of "interpreting" because of lack of statutory authority. |
| | | **Decline** | Delete references to "cultural and social context" in translation services; they are beyond the scope of the law. The statute requires health insurers to themselves meet certain cultural appropriateness standards, including diversity among staff, training of staff, and development of various communications and educational information that is culturally appropriate; it does not require health insurers to require providers to meet these standards. | The definition of "interpreting" merely states that the interpreter should take the "cultural and social context into account" while interpreting. Insurers are responsible for ensuring that the interpretation services being provided are adequate to meet the needs of their LEP insureds. |
| | | **Accept** | **Subdivision (i)** defines "Multiple languages" as those languages into which ballot/voting materials are translated. We will comment on this issue under Section 2538.3 (c). | Subdivision (i) has been deleted. |
| | | **Decline** | **Subdivision (j)** Amend this definition as provided because the current definition is potentially too broad and beyond those situations for which translation may be necessary.<br>(j) "Points of Contact" an instance in which an insured accesses *those* ~~the~~ services covered under a health insurer's policy or | Adding "that can be reasonably anticipated" to this definition would be duplicative. The definition describes "points of contact". The insurer's responsibilities regarding timely interpretation services are described in section 2538.6(b)(1) which includes this language. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | certificate, *that can be reasonably anticipated,* including administrative ~~and clinical~~ services, *and physician and patient dialogue in clinical settings* .~~telephonic and in-person contacts~~ | |
| | | **Accept** | **Subdivision (o) (4)** We would ask that (o) (4) be stricken. | Subsection (4), "individual insurance policies and certificates of insurance" has been deleted from definition of "vital documents". |
| | | **Decline** | **SECTION 2538.3 LANGUAGE ASSISTANCE PROGRAM**<br>**Subdivision (a)** We would ask that the Department amend their regulations to reflect the later implementation date of July 1, 2008 to avoid the costs of implementing two similar programs on two different dates. | We believe the implementation date is appropriate considering the statutory requirements. However, the Commissioner will continue to work with DMHC and insurers to ensure that no duplication of efforts is required. |
| | | **Accept** | **Subdivision (c)** Subdivision (3) in its entirety sets out the requirements for the translation of vital documents, and related standards, including this notice requirement in subparagraph (D). We would ask that the notice be required to be translated into the threshold languages only, unless an insurer wishes to translate it into more languages. | "Multiple languages" has been deleted from the regulations for lack of statutory authority. While the requirement for notice in "multiple languages" has been deleted, in order to address the serious issue of LEP insureds receiving notice of the availability of interpretation services in a language that they can understand, the Commissioner has amended the regulations to provide for a notice to be developed by the Department which insurers shall provide to all insureds. It is the intention that this notice shall be written in multiple languages. |
| | | **Decline** | **SECTION 2538.4 NEEDS ASSESSMENT**<br>**Subdivision (a)** ACLHIC would ask for some clarity as to how the department interprets the term "insureds," since it is used in the statute without definition. We would ask that the Commissioner grant insurers the flexibility under Section 10133.8 (c) (8) and (9) to survey their entire population, rather than each individual insured. | The statute requires "individual access to interpretation services" by insureds in accessing health care. The insured group is made up of individuals. Each of these individuals speaks a language. For purposes of the needs assessment as well as providing language assistance, the insurer may not assess the needs of the "group" to the arbitrary exclusion of certain individual insureds. The Legislative |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept** | We would also object to the requirement that the survey materials be printed in the multiple languages as defined in the regulation. Again, this would exceed statutory authority, as described earlier in this letter. | intent was to make sure that each insured's language needs be included in the insurer's needs assessment. The Commissioner has provided flexibility in the regulations for insurers to survey using a variety of methods, however, without individual language preferences being known, appropriate individual interpretation services will be difficult to provide. Some insurers are already including in their policies a statement regarding access to language assistance services. "Multiple languages" requirement has been deleted from the regulations. |
| | | **Accept** | **<u>SECTION 2538.6 INDIVIDUAL ACCESS TO ORAL INTERPRETATION SERVICES</u>**<br>**Subdivision (b) (4) (C)** includes a requirement that insurers contract with outside interpreters, including sign language interpreters. Again, as mentioned previously in this letter, the inclusion of services for the hearing impaired exceeds the statutory intent and authority in this statute. | "Sign language" has been deleted from the regulations.<br><br>The statute is silent regarding the details of "individual access to interpretation services". In order to effectuate the purpose of this statute, it is necessary to describe in detail some of the issues that are key to providing this service to LEP insureds such as the use of minor children as interpreters. The development of policies and procedures as proposed in these regulations is a quality assurance measure that will protect individuals, including minor children, from the negative consequences and adverse effects of being inappropriately used as interpreters for patients seeking emergency and non-emergency medical services. The Commissioner has carefully considered the various opinions and positions regarding this issue and has determined that the use of minors as interpreters should be strongly discouraged but not prohibited. |
| | | **Accept in part. Decline in part.** | **Subdivision (b) (5) Use of Minors as Interpreters. A**CLHIC understands the reasons for these limitations and prohibitions regarding the use of minors as interpreters, however, there is nothing in the statute that authorizes the department to place these restrictions on the process.<br><br>Individual documentation in an insured's files would impose a tremendous cost and resource burden, as this information would have to be hand-inputted.<br><br>**Subdivision (d)** requires health insurers to develop policies and procedures to ensure the quality and timeliness of oral interpretation services provided to insureds. It also requires that these procedures | Medical personnel are responsible for documenting various |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | include mechanisms for ensuring the proficiency of individual interpretation services, including a documented and demonstrated proficiency in the source and target languages, and sensitivity to the LEP person's culture…" (emphasis added). Could the department provide clarity as to how this requirement could be reasonably complied with? | information in the file of a patient. Including a statement about interpreter services being offered is not unduly burdensome. |
| | | **Denied** | **REQUIREMENTS RELATED TO "LIMITED BENEFIT" PLANS**<br>ACLHIC would like to request that limited benefit plans be allowed the option of foregoing the expensive needs assessment, and instead translate documents into the top two threshold languages as identified by health insurers writing coverage for more comprehensive coverage in their Language Assistance Program as submitted to the department.<br><br>Secondly, we would ask that the department include similar authority as included in the Department of Managed Health Care proposed regulations to allow limited benefit plans to demonstrate adequate availability and accessibility of competent bilingual providers and office staff to provide meaningful access to LEP enrollees as satisfying the translation requirements at points of contact.<br><br>We are proposing a definition of "limited benefit policy" that we hope will add clarity to our request and the regulations.<br><br>*The term "limited benefit policy" means an individual or group policy of health insurance that is not marketed or sold as a substitute for comprehensive hospital or medical expense insurance, a health maintenance organization (HMO) contract, or* | Insurers have requested that the Commissioner provide them with as much flexibility as possible in their development of the LAP. This has been done in the regulations. As regards the "limited benefit plans", it is their responsibility to negotiate with their insurers regarding various issues related to the provision of language assistance services. The insurer is responsible for the translation of vital documents.<br><br>Regarding the needs assessment, the limited benefit plans could negotiate with the insurer to use the insurer's needs assessment data.<br><br>In addition, the regulations permit the use of various methods to provide interpretation services to LEP insureds that could include competent bilingual providers and competent bilingual office staff.<br><br>Creating a new definition of type of policy in the Insurance Code is far beyond the scope of this statute. This is an issue that the commenter could bring to the Insurance Commissioner for further review. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | *major medical expense insurance. Such limited benefit policies include, but are not limited to, vision-only, dental-only, short-term limited duration health insurance, Medicare-supplement, Champus-supplement insurance, or hospital indemnity, hospital-only, accident-only, or specified disease disability insurance that does not pay benefits on a fixed benefit, cash payment only basis.* | |
| **5** | **Armand Feliciano BC Life & Health** | **Accept in part. Decline in part.** | I. The requirement to consider culture in providing linguistic services must be stricken because it lacks statutory authority and is unclear. Similarly, the inclusion of sign language as part of the definition of "interpreting", "source language" and "individual access to oral interpretation services" must be excluded because they lack statutory authority. | |
| | | **Accept** | §2538.1-Authority and Purpose<br>(b) The purpose of these regulations is to accomplish maximum accessibility to language assistance services, ~~including culturally competent oral interpretation~~ and written translation assistance and to set forth …. | See response below. "Culturally competent" has been deleted from the regulations.<br><br>All references to sign or signing have been deleted from the regulations. |
| | | **Accept in part. Decline in part.** | § 2538.2- Definitions<br>(e) "Interpreting" or "interpretation" means the process of understanding and analyzing a spoken ~~or signed~~ message and re-expressing that message faithfully, accurately and objectively in another spoken ~~or signed~~ language, ~~taking the cultural and social context into account.~~ | While "culturally competent" has been deleted from the regulation, "taking the cultural and social context into account" has not. The legislative history cited specifies the concept of "cultural competence" only. This term has been removed. The remaining uses of the words 'culture' or 'cultural' are descriptive with respect to a part of the remaining regulation. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept** | (g) "Language preferences and linguistic needs assessment" means assessing and determining the spoken and written language preferences ~~and cultural needs~~ of the insured population. | "…and cultural needs" has been deleted from the regulations. |
| | | **Accept** | (l) "Source language" means the language used by the speaker ~~or signer~~ and out of which the message is interpreted into a target language. | All references to "sign" have been deleted from the regulations. |
| | | **Decline** | § 2538.3- Language Assistance Program<br>(b) (6) Provision of adequate and ongoing training regarding the LAP for all staff who have contact with LEP persons. The training shall include instruction on …, ~~and cultural differences among and diversity of the health insurer's insured population~~; | It is critical in order to meet the intent of this legislation to provide qualified interpreters and translated vital documents to insureds, staff that have contact with LEP insureds need to have some level of understanding regarding the cultural differences among the population they are serving. This is a training requirement not an assessment requirement. |
| | | **Decline** | § 2538.5- Written Translation of Vital Documents<br>(c) Health insurers may implement the translation of vital documents in phases by submitting a written request to the Commissioner detailing their plan, timeframe, rationale and projected impact on the receipt of ~~culturally and~~ linguistically competent health care by insureds. | This requirement relates to the insurers request to implement their translation requirement in a modified timeframe. In order to grant such a request, the Commissioner needs to have all the information listed. |
| | | **Accept** | § 2538.6- Individual Access to Oral Interpretation Services<br>(b)(1)(C) Contracting with outside interpreters ~~including certified sign language interpreters;~~ | All references to sign or signing have been deleted from the regulations. |
| | | **Denied** | §2538.6(d): Every health insurer shall develop policies and procedures to ensure the quality and timeliness of oral interpretation services provided to insureds. The policies and procedures shall include | This language refers to "sensitivity" to cultural differences on the part of the interpreter. Without some level of "sensitivity", the interpreter would not be able to accomplish their job. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | mechanisms for ensuring the proficiency of the individual providing interpretation services, including a documented and demonstrated proficiency in the source and target language, ~~sensitivity to the LEP person's culture~~ and a demonstrated ability to convey information accurately in both languages. | |
| | | **Denied** | § 2538.7- Health Insurer Monitoring, Evaluation & Reporting<br>(c) Within one year after the health insurer's initial assessment, every health insurer shall report to the Department of Insurance on the implementation of its Language Assistance Program and its internal policies and procedures ~~related to cultural appropriateness~~. | This language is found in the statute at §10133.9 and repeated here for clarity. |
| | | **Accept** | II. The references to "multiple languages" exceed statutory authority and are inconsistent with existing law.<br><br>It is imperative to clarify at the outset that health insurers are required to identify "threshold languages," as opposed to "multiple languages." It is equally important to clarify that health insurers are required to provide the notice of the availability of interpretation services in "threshold languages," rather than "multiple languages." | The definition of "multiple languages" has been deleted. The requirement to provide notice in multiple languages has also been deleted from section 2538.3 and 2538.4. |
| | | **Denied** | § 2538.2- Definitions (Delete the definition of multiple languages and replace it with a definition of threshold languages)<br>~~(i) "Multiple languages" means the number of and specific languages into which voting/ ballot materials are translated as determined by the California Secretary of State for the current year.~~ | Threshold languages is defined in the statutory language, therefore it would be duplicative to define it in these regulations. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | **(i) "Threshold Languages" means the languages identified by a health insurer pursuant to Ins. Code & 10133.8. (b) of the Act.** | |
| | | **Accept** | § 2538.3- Language Assistance Program (Delete the reference to multiple languages and replace it with threshold languages)<br>(c) Health insurers shall develop a written notice that discloses the availability of language assistance services to insureds and explains how to access those services. This notice shall contain the required information in ~~multiple languages~~ **threshold languages**, as defined above. | "Multiple languages" has been deleted from the regulations. Where appropriate, "threshold languages" has been added. |
| | | **Accept in part.** | § 2538.5- Written Translation of Vital Documents (Delete the reference to multiple languages and replace it with threshold languages)<br>(b) For those vital documents that contain insured-specific information, …, written in ~~multiple languages~~ **threshold languages**, as defined …. | |
| | | **Denied** | **III. The requirement to provide for notice of language assistance should be modified to minimize the cost of implementation and allow for health insurer flexibility.**<br>As mentioned above, SB 853 requires the CDI to consider the cost of compliance and to allow for health insurer flexibility in determining compliance. (Ins. Code § 10133.8 (c) (8) (9)).” In cases where a health insurer has identified the insured's preferred language, we think it is cost-efficient to provide the notice that discloses the availability of language assistance services only in the insured's preferred language. For example, if we are aware that our insured's primary language is Spanish, then that member should receive the notice only in Spanish. We suggest adding the following language: | The regulations have been amended to permit the Commissioner to develop the "notice" of availability of language assistance services to reduce the cost to the health insurers. Insurers will be able to send this notice to their insureds with regular mailings, emails, or other documents routinely sent to insureds. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Denied** | § 2538.3- Language Assistance Program (Add (i) to (c))<br>**(i) If an insured's preferred language is identified, this section shall be satisfied by including the notice only in the insured's preferred language.** | The suggestion would leave open the possibility that were there more than one insured in a household who spoke/read different languages, the notice might not be accessible to all insureds residing in the household if only in one language. |
| | | **Accept** | IV. The requirement to include individual insurance policies and certificates of insurance as part of the definition of vital documents must be deleted because it is inconsistent with existing law.<br>Under Section 2538.3, an insured can simply contact our staff and obtain oral interpretation of an individual insurance policy and certificate of insurance. This approach avoids adding unnecessary costs and provides flexibility to health plans. | Subsection (4), "individual insurance policies and certificates of insurance" has been deleted from definition of "vital documents". |
| | | **Denied** | V. The potential liability in the event of a miscommunication should be addressed in the proposed regulation to be consistent with existing law.<br>As previously raised in other sections, SB 853 requires the CDI to consider the cost of compliance. (Ins. Code § 10133.8 (c) (8)). Under the proposed regulations, health insurers could potentially be sued for any miscommunication that may occur as a result of interpretations conducted by vendors. We believe this falls under the cost of compliance, and therefore request the following language to be adopted:<br><br>§ 2538.3- Language Assistance Program<br>(e) Health insurers are not liable for any miscommunication that may occur as a result of interpretations conducted by vendors who meet or exceed the standards promulgated by the California Healthcare | Potential for suit is highly speculative under the circumstances described and we trust that a court of law that might be hearing such an argument in the lawsuit as suggested by the commenter would interpret these regulations in a reasonable fashion. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | Interpreters Association or the National Council on Interpreting in Healthcare. | |
| | | **Accept** | VI. Overall Costs of the Regulation to Health Insurers<br>As discussed above, we remain concerned with the expansive approach proposed by the CDI in implementing the health care language assistance program. In our thorough review of SB 853's legislative history, we affirm that it is the will of the Legislature to have a narrow application of the health care language assistance program and for the CDI to give full consideration to the cost of compliance. Although it is difficult to quantify the total cost of the proposed regulation at this time, below is a list of anticipated costs we expect from the proposed regulation:<br>• Expand Health Information Technology to accommodate expenses associated with translation of vital information- $2.7 million<br>• Translate individual insurance policies into 3 languages- $7.8 million<br>• Liability exposure to health care service plans - unknown at this time but could be significant. | In response to insurer concerns regarding cost of implementation, the Commissioner has deleted the requirement to translate insurer individual insurance policies and certificates of insurance. This will save the commenter a reported $7.8 million. |
| **6** | **Keith Pugliese Brown & Toland** | **Denied** | • **Section 2538.2(a)**: The following definition should be changed in accordance with the scope of the underlying statute: "'Demographic profile' means~~, at a minimum,~~ primary/preferred spoken and written language, race, and ethnicity of insureds who reside in California~~, race and ethnicity~~." | There is no statutory authority to add "insureds who reside in California". The statute applies to all health insurers licensed to do business in California and to all individual and group policies of health insurance. |
| | | **Accept** | • **Section 2538.2(e):** The proposed requirements of "signing" and "taking the cultural and social context into account" in the definition of "interpreting" and "interpretation" are not supported by the | All references to sign or signing have been deleted from the regulations. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | underlying statute and therefore should be stricken. | While "culturally competent" has been deleted from the regulation, "taking the cultural and social context into account" has not. The legislative history cited specifies the concept of "cultural competence" only. This term has been removed. The remaining uses of the words 'culture' or 'cultural' are descriptive with respect to a part of the remaining regulation. |
| | | **Accept** | • **Section 2538(2)(i):** The underlying statute does not authorize the use of the term "multiple languages" to include the languages considered for translation by the California Secretary of State. The underlying statute allows one method for determining an "indicated/threshold language" (Insurance Code § 101338(b)(3)(A) – (C)). The underlying statute's intent is to limit interpretive services and translation of vital documents to the threshold languages. | |
| | | **Decline** | • **Section 2538.4**: The scope of the language assistance needs assessment of the insured population needs to be clarified to assess only the language assistance needs of its insured population who reside in California. | There is no statutory authority to add "insureds who reside in California". The statute applies to all health insurers licensed to do business in California and to all individual and group policies of health insurance. |
| | | **Decline** | • **Section 2538.5**: The scope of insured for whom health insurers will write translation of vital documents be contained to only those who reside in California. | There is no statutory authority to add "insureds who reside in California". The statute applies to all health insurers licensed to do business in California and to all individual and group policies of health insurance. |
| | | **Accept** | • **Section 2538.7(a)**: The underlying statute does not modify or reach to the California Business & Professions Code, so therefore the health insurer cannot perform any monitoring, evaluation, and/or reporting of a provider unless the provider has agreed in writing to be delegated any part of the health insurer's language assistance program. | The insurer will determine what shall be delegated to their providers/networks through the negotiation process. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept in concept** | • Lastly, Brown & Toland requests that the Department make the regulation clear that cost and funding incurred by the health insurer to implement and provide on an ongoing basis a language assistance program to LEP insureds is not in any way, directly or indirectly, passed on to a provider unless a provider or provider organization negotiates additional administrative compensation and agrees to accepting financial risk of providing any part of a health insurer's language assistance program services. | The statute makes clear that the regulations apply to the health insurer. The Department of Insurance has no authority over health care providers. Language added to §§2538.3 (c) and (d) clarify that insurers may contract with their providers/networks to accept some or all of the financial risk of providing language assistance services to LEP insureds. |
| **7** | **Tom Riley California Academy of Family Physicians** | **Denied** | CAFP offers the following two recommendations:<br>1) There are some instances in which needed translation services extend beyond vital documents, such as in the case of discharge instructions to a patient, signage or in marketing material designed to help a potential buyer of health insurance understand and compare benefits prior to purchasing. Both timely access to services for limited English insureds and the policies and procedures that prescribe this access must address both the written and spoken word, not just verbal interpretation. This problem may be addressed by use of "language assistance" (as defined in Section 2538.2 to mean both oral and written translation) on Page 6, throughout 2538.6 (a) and (b):<br><br>**§2538.6 Individual Access to ~~Oral Interpretation~~ Language Assistance Services**<br><br>(a) Every health insurer shall provide timely individual access to ~~interpretation~~ language assistance services at no cost to LEP insureds at all points of contact where language assistance is needed in | While we agree with the commenter that a document as important as 'discharge instructions' should be available in the language that the patient/consumer/insured best reads, this statute clearly distinguishes between written translation requirements and oral interpretation requirements. The statute specifically authorizes the translation of certain documents into certain identified threshold languages. The statute also states that the insured shall have "individual access to interpretation services". For these reasons, these regulations have distinguished between written and oral language assistance services. There is no statutory authority to require individual access to written translation services despite the Commissioner's understanding of and concern for this issue. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | accordance with these regulations. For purposes of this section, "timely" means in a manner appropriate for the situation in which language assistance is needed.<br><br>(b) Every health insurer shall develop policies and procedures that describe the health insurer's methods for providing timely ~~interpretation~~ language assistance services, including, but not limited to the following:<br><br>(1) The points of contact where the need for ~~interpreting~~ language assistance may be reasonably anticipated;<br>(2) The types of resources necessary in order to provide effective ~~interpreting~~ language assistance to the health insurer's insureds;<br>(3) The arrangements that the health insurer will make to provide timely access to ~~interpreting~~ language assistance at all points of contact at no charge to insureds;<br>(4) The range of ~~interpreting~~ language assistance services that will be provided to insureds as appropriate for the particular point of contact. The range of services may include, but is not limited to:<br>(A) Bilingual health insurer or contractor/health care provider staff available for the duration of the need;<br>(B) Hiring staff interpreters and translators;<br>(C) Contracting with outside interpreters and translators including certified sign language interpreters;<br>(D) Making volunteer interpreters and translators available; and<br>(E) Contracting for remote interpreting, as defined, for an LEP person. | |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Denied** | 2) We believe that it is the intent of Section 2538.3 (d) to ensure that all language assistance services (provided by physicians whose payment arrangements with insurers fall under the regulatory purview of the Department of Insurance) are paid for or reimbursed by health insurers. We believe that it also the intent of these regulations to allow flexibility in arrangements for this payment and/or reimbursable expense. We are concerned that the expression "delegated financial responsibility" may be misconstrued to mean that it is the option of health insurers to simply delegate this responsibility to contracted providers who have little negotiating power to ensure fair payment for these services. We would propose strengthening the intended purpose of 2538.3 (d) by stating that: "In the event of any dispute between health insurer and provider over financial responsibility for language assistance, the Department shall presume the full financial responsibility to be that of the health insurer." | While we understand the commenter's concern regarding this issue, the statute requires the Commissioner to develop regulations to direct health insurers to ensure that certain services related to language assistance for LEP insureds occur as required in the law. The Department of Insurance has no authority over health care providers, including physicians. If physicians have complaints against health insurers related to payment for language assistance services, the Department has a new Health Care Bureau that will be responsible for handling these complaints. |
| **8** | **Adama Iwu/William Barcelona California Association of Physician Groups** | **Accept**<br><br>**Accept** | **Section 2538.2(e):** The definition of "interpreting" and "interpretation" includes elements beyond the authority and reference conveyed by the statute, including the requirement of "signing" and "taking the cultural and social context into account." Neither of these requirements is stated in the underlying statute, SB 853, and no necessity is derived from the underlying authority.<br><br>**Section 2538.2(i):** There is no authority given in the underlying statute for the use of the definition "multiple languages" to include the languages into which voting materials are translated by the California Secretary of State (Spanish, Chinese, Vietnamese, Japanese, Korean and Tagalog). | "Sign language" has been deleted from the regulations.<br><br>While "culturally competent" has been deleted from the regulation, "taking the cultural and social context into account" has not. The legislative history cited specifies the concept of "cultural competence" only. This term has been removed. The remaining uses of the words 'culture' or 'cultural' are descriptive with respect to a part of the remaining regulation.<br><br>"Multiple languages" has been deleted from the regulations. Where appropriate, "threshold languages" has been added. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Denied** | The statute is silent concerning any difference in the number of languages to be provided for interpretation purposes in contrast to the translation of vital documents. However, the legislative intent to limit interpretive services to the threshold languages is clear from the language of Section 101338(b)((3)(C), which states:<br>*...but rather shall include with the document a written notice of the availability of interpretation services in the threshold languages...*<br>Had the legislature intended for the Department to provide a greater number of languages to LEP enrollees in the interpretive process in contrast to the translation process, it would have provided an alternative process to the one set forth at §101338(b)(3)(A).<br>For these reasons, the Department should delete the proposed language of this section and then revise the language for the definition of "indicated/threshold language(s)" stated at §2538.2(c) to state:<br>*"Indicated/threshold language(s)" means the languages(s) identified by a health insurer pursuant to these regulations into which vital documents shall be translated, and interpretation services provided.* In addition, all subsequent sections of the proposed regulation's text which currently cite the phrase "multiple languages" should be revised to state the phrase "indicated/threshold language(s)" – including, but not limited to:<br>• §2538.3(c) – written notice<br>• §2538.4(a) – needs assessment<br>• §2538.5(b) and (b)(2) – translation requirements | The definition of "multiple languages" has been deleted. The requirement to provide notice in multiple languages has also been deleted from section 2538.3 and 2538.4.<br><br>Section 10133.8 (b)(3) begins: "Requirements for the translation of vital documents that include the following:" Subsection (C) states the exception to the translation requirement for "those documents…that are not standardized but contain insured specific information…" In that case, "…health insurers shall not be required to translate the documents into the threshold languages identified by the needs assessment…but rather shall include with the document a written notice of the availability of interpretation services in the threshold languages…". The 'notice' of the availability of the interpretation services (so that the document can be orally interpreted for the insured) must be in the threshold languages; oral interpretation services shall be provided individually to each insured. |
| | | **Denied** | **Section 2538.6(a):** This section should be revised to delete the phrase "in accordance with these regulations" and substitute the phrase "the indicated/threshold language(s)" given the foregoing arguments | See comment above. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | concerning the lack of authority, reference and need for clarity made in the previous section of these comments. The purpose of the regulation is to clarify the underlying statute, which specifies that the number of languages to be provided for interpretive services is limited to the "threshold languages" as stated at §101338(b)((3)(C). | |
| | | **Accept in part. Denied in part.** | **Section 2538.6(c):** This section, which includes the phrase *"An insured may request the use of an adult family member or friend as the interpreter in a non-emergency situation"* is drafted in an oddly paternal manner. The insurance code conveys jurisdiction over health insurers, not individual consumers or insureds. No authority is conveyed under the statute to require an *individual consumer* to perform a certain act. The cited phrasing implies that there are circumstances under which an insured *may not* obtain health care services without the presence of an interpreter other than of their own choosing. Accordingly, the first and second sentences of this section should be revised to state:<br><br>"In all non-emergency situations where an insured selects the use of an adult family member or friend as an interpreter, the insured shall be informed in his or her primary identified language that a qualified interpreter is available at no charge to the insured. | The statute is silent regarding the details of "individual access to interpretation services". In order to effectuate the purpose of this statute, it is necessary to describe in detail some of the issues that are key to providing this service to LEP insureds such as the use of minor children as interpreters. The development of policies and procedures as proposed in these regulations is a quality assurance measure that will protect individuals, including minor children, from the negative consequences and adverse effects of being inappropriately used as interpreters for patients seeking emergency and non-emergency medical services. The Commissioner has carefully considered the various opinions and positions regarding this issue and has determined that the use of minors as interpreters should be strongly discouraged but not prohibited. |
| | | | In addition, the Department lacks authority under the statute to impose jurisdiction over health care providers to make notations in the "medical record" as cited in the second to last sentence of the proposed text of this section. The underlying statute does not add or amend existing law under the Business & Professions Code, and therefore may not compel any | Medical personnel are responsible for documenting various information in the file of a patient. Including a statement about interpreter services being offered is not unduly burdensome. |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | action, administrative or other, by a health care provider. The phrase "medical record" should be deleted from this section. Removal of the offending phrase does not negatively impact the proposed regulation as the original purpose and intent of the regulation will ultimately be achieved either by the Plan itself notating the member record or by the Plan and its contracting provider agreeing to work together to make the notation in a manner that is both compliant and acceptable between those parties. | |
| **9** | **Paul B. Simms California Black Health Network, Inc.** | **No response needed.** | "No person in the United States shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."<br>1. A health care system that is run by people who spend other people's money (opm) like they spend their own - prudently;<br>2. A health care system that does not judge patients for their poverty or treat them differently because of differences in race or language;<br>3. A health care system that does not operate with a "food stamp" mentality;<br>4. A health care system committed to living within its means;<br>5. A health care systems that does not define poor people as "teaching material";<br>6. A health care systems that embraces patients and places their needs and interests first;<br>7. A health care system that is good enough for our grandmothers. | |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| **10** | **Edmund Carolan California Dental Association** | **Denied** | **<u>Lack of Clarity in Proposed Language;</u>**<br>The proposed regulatory language for sections 2538.1 through 2538.8 develops few , it any, standards and requirements other than the requirement that health care services plans create a LAP program of the plan's own choosing. It is not even clear from the proposed language if it is a requirement for the health plan to submit its LAP proposal to the Department for approval as there is a lack of explicit language that establishes such a requirement. Areas where CDA finds the "requirement" and standards" inadequate and lacking in clarity include but are not limited to: | Insurers have requested that the Commissioner provide them with as much flexibility as possible in their development of the LAP. This has been done in the regulations. As regards the "limited benefit plans", it is their responsibility to negotiate with their insurers regarding various issues related to the provision of language assistance services. The insurer is responsible for the translation of vital documents. Regarding the needs assessment, the limited benefit plans could negotiate with the insurer to use the insurer's needs assessment data. In addition, the regulations permit the use of various methods to provide interpretation services to LEP insureds that could include competent bilingual providers and competent bilingual office staff. The Commissioner's responsibility is to monitor the health insurers to ensure that the requirements and intent of SB 853 are being achieved for LEP insureds. |
| | | **Denied** | **Section 2538.6 (b) (2)**<br>There does not appear to be any requirement for approval other than to have polices and procedures for identifying such resources. | The health insurer is responsible for identifying the resources needed to achieve the statutory requirements. |
| | | **Accept** | **Section 2538.6 (a)**<br>The language states that "timely; means in manner appropriate for the situation in which the language assistance is needed." The lack of clarity in the proposed regulatory language has far reaching implication that go beyond the ability of the health insurers to develop LAPs. Furthermore, CDA argues that the Department, given the lack of clarity in defining timely, has not met all the requirements of necessity for promulgating these regulations. Instead, the Department has proposed regulatory language that requires the health insurer to provide "timely interpretation | The regulations have been amended to add clarity regarding the meaning of "timely" as follows: "Interpreter services are not timely if delays results in the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP insured." |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | services" and timely is defined to mean in "a manner appropriate for the situation in which language assistance is needed." The Department should be required to substantiate the necessity of why they have proposed regulatory language that fails to define a standard for providing timely interpretation services. | |
| | | | CDA questions under what authority the Department is using to pass the requirements of establishing "standards" for the LAP to the health plans when it is very clear that lawmakers vested the authority for developing regulations for LAP with the Department. | The statute requires the Commissioner to promulgate regulations establishing standards and requirements for translation and language assistance. These regulations contain standards and requirements that health insurers, not health plans must adhere to in developing their LAP. |
| | | | CDA also believes that portions of the proposed regulatory language exceed the statutory authority given to the Department for developing standards and regulations for LAPs. For the following items, as proposed by the regulatory language set forth, there is no expressed or implied authority granted to the Department: | |
| | | **Denied** | **Section 2538.3 (b) (6)**<br>Requires health insurers to develop policies and procedures that provide for the training of the insurer's staff in "cultural differences among the diversity of the health insurer's insured population". | Section 10133.9 requires insurers to report to the Department on internal policies and procedures related to "cultural appropriateness" as well as the "education of health insurer staff…regarding the diverse needs of the insured population." Subsection (e) requires the "The periodic provision of information regarding eh ethnic diversity of the insurer's insured population and any related strategies to insurers providers." |
| | | **Denied** | **Section 2538.6 (d)**<br>Requires that health insurers develop policies and procedures ensuring that the proficiency of the individual providing interpretation services to include "sensitivity to the LEP person's culture" Notwithstanding the lack of clarity in what is meant to be "sensitive" to an LEP culture, the | |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | authority cited for the proposed regulatory language requires the Department to adopt standards and requirements for health plan's "language assistance programs" not cultural awareness or cultural sensitivity programs. There is no expressed or implied statutory authority that would require a health insurer to provide its staff with cultural awareness or diversity training nor the insurer's staff is sensitive to a person's culture. Therefore , such proposed requirements that pertain to cultural diversity and awareness are an unauthorized expansion of the authority given to the Department to adopt regulations for LAPs | These requirements can be fulfilled in various ways by the health insurer, however, the statutory requirements all relate to "culture" and "cultural", thus, the language in the regulations is explanatory and provided for clarity to the insurer. While "culturally competent" has been deleted from the regulation, "taking the cultural and social context into account" has not. The legislative history cited specifies the concept of "cultural competence" only. This term has been removed. The remaining uses of the words 'culture' or 'cultural' are descriptive with respect to a part of the remaining regulation. |
| | | **Accept in part.** | **Section 2538.6 (b)(5)**<br>The use of minors, under the age of 18, as interpreters is prohibited except in the case of a medical emergency when time is of the essence. Notwithstanding the lack of clarity in defining medical emergency, CDA is not aware of any authority bestowed on the Department by the state policymakers that would allow the Department to tell the parent or legal guardian of a minor child, that that child can not serve as an interpreter for family or friends. CDA would encourage the adoption of language that is neutral for the use of family members, friends or minors as interpreters, with the main emphasis upon the patient's choice in whom they elect to provide interpretation. CDA understands the concerns about such situation in which an English speaking child having to tell his or her parent that they have a life threatening health issue for instance. However, these concerns in dentistry are extremely rare. Therefore, a plan or provider should not be discouraged from using a child or other family member as an interpreter, should this be the preference of the patient. In fact, use of a family member to interpret will likely be the easiest, which | The statute is silent regarding the details of "individual access to interpretation services". In order to effectuate the purpose of this statute, it is necessary to describe in detail some of the issues that are key to providing this service to LEP insureds such as the use of minor children as interpreters. The development of policies and procedures as proposed in these regulations is a quality assurance measure that will protect individuals, including minor children, from the negative consequences and adverse effects of being inappropriately used as interpreters for patients seeking emergency and non-emergency medical services. The Commissioner has carefully considered the various opinions and positions regarding this issue and has determined that the use of minors as interpreters should be strongly discouraged but not prohibited.<br><br>We appreciate that it is extremely rare that a dental provider, as opposed to an emergency room doctor, would be handling an |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | is, the least onerous, means of complying with the intent of the regulations, and may be the preferred choice of the patient. | emergency situation, therefore, Section 2538.6 (b) (5) has been amended to new subsection (c) (1) and (2) that permit the use of minors as interpreters in certain situation. |
| | | **Denied** | **Standard of Consistency Not Met**<br>In the proposed regulatory language Section 2538.2 (j) defines point of contact to mean "an instance in which an insured access the services covered under the health insurer's policy or certificate including administrative and clinical services, telephonic and in person contacts".<br><br>Then, the proposed regulatory language in Section 2538.6 (b)(1), states that "every health insurer shall develop polices and procedures that describe the health insurer's method for providing interpretation services…" to include "[T}he points of contact (emphasis added) where the need for interpreting may be reasonable anticipated".<br><br>Finally, the proposed regulatory language Section 2538.6 (b)(3) states that the health insurer will develop polices and procedures that result in the insured having assess to interpreting at all points of contact (emphasis added)<br><br>Therefore, it would be inconsistent to ask and to allow health insurers to redefine the points of contact where the health insurer thinks there e might be a need for LAP services as is being asked of the health plans in Section 2538.6(b)(1). | Section 2538.2 (j) and section 2538.6 (b)(3) are not inconsistent. They both address access to language assistance services at all points of contact and direct insurers to provide interpretation services at all points of contact where said services may be reasonably anticipated.<br><br>Section 2538.6 (b)(1) directs health insurers to include in their policies and procedures for providing timely interpretation services, among other things, the anticipated points of contact where interpretation services may be needed. This section does not allow health insurers to define or redefine the points of contact. Rather, it requires insurers to describe points of contact where they anticipate interpretation services may be reasonably anticipated. This section is informative not directive as are the other two section. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| **11** | **Don Schinske California Healthcare Interpreting Association** | **Denied**<br><br><br><br>**Denied** | To the list of interpreter competencies to de demonstrated under Section 2538.6(d) CHIA requests that insurers develop mechanism for ensuring that interpreters and bilingual staff demonstrate knowledge of interpreting ethics, confidentiality, and professional conduct.<br><br>Also, CHIA asks that the regulations clarify the financial responsibility for both the direct and the associated costs of providing language services. We request that the following language be added to the end of section 2538.3(d):<br><u>Unless otherwise negotiated, the health insurer will retain the financial responsibility for training the provider's bilingual or interpreter staff and for assessing the employee's language proficiency, and knowledge of interpreting ethics, confidentiality, and professional codes of conduct.</u> | This is an important issue. However, we believe it is beyond the scope of the legislation.<br><br>The statute makes clear that the regulations apply to the health insurer. The Department of Insurance has no authority over health care providers. Language added to §§2538.3 (c) and (d) clarify that insurers may contract with their providers/networks to accept some or all of the financial risk of providing language assistance services to LEP insureds. |
| **12** | **Dietmar A. Grellmann California Hospital Association** | **Denied** | California hospitals already provide language assistance services to their patients, and have developed language assistance policies consistent with the requirements of Health & Safety Code§1259 and federal law. Portions of this regulation exceed the authority granted in SB 853, conflict with Health & Safety Code §1259, and lack clarity and consistency because it establishes multiple and conflicting standards.<br><br>SB 853 does not grant the Department of Insurance any new authority to regulate hospitals. Hospitals are licensed by the Department of Health Services, not the Department of Insurance. Health & Safety Code §1259 requires hospitals to adopt and review annually a policy for providing language assistance services to patients with language or communication barriers. Additionally, §1259 requires hospitals to annually transmit to | SB 853 does not exempt hospitals from the provisions of the law. CDI acknowledges that it does not regulate hospitals directly. The proposed regulations impose requirements on health insurers to make sure that the providers they select to provide care to their insureds meet the statutory requirements for language assistance.<br><br>CDI acknowledges that Health & Safety Code Section 1259 imposes certain related language assistance obligations directly on hospitals. To the extent that there may be overlap between what CA hospitals are already doing to meet their language assistance obligations of this Health & Safety code section and what an insurer might require of the hospitals to meet the requirements of these regulations, hospitals can use some of what they have in place for both purposes. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | the Department of Health Services its updated language assistance policy with a description of its efforts to ensure adequate and speedy communication between patients with language or communication barriers and staff. Health & Safety Code §1259 establishes the content and implementation requirements of a hospital's language assistance policies.<br><br>To avoid the problem of conflicting standards on hospitals, the Department should revise the regulations to require insurers to adopt the language assistance policies of their contracting hospitals as long as those policies comply with the requirements of Health and Safety Code §1259 and the language assistance services are provided at no charge to enrollees. We suggest the regulations be amended to include the following provision:<br><br>"To the extent that an insurer's contracting hospitals are providing language assistance services at no charge to the insurer's insureds and consistent with the requirements of Health & Safety Code §1259, the insurer shall incorporate, by reference or other appropriate method, into its language assistance program the language assistance policies of the contracting hospitals. Otherwise, the insurer shall make arrangements to provide language assistance services at no charge to the insurer's insureds utilizing the services of the insurer's contracting hospitals in accordance with the requirements of this regulation." | We anticipate that CA hospitals will be able to work with health insurers in working out the details of how the two language assistance plans can be complementary and enhance each other. It is anticipated that the 1259 plans will serve as a baseline for meeting the more comprehensive requirements of SB 853. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept in part. Denied in part.** | Section 2538.6 (b)(5) exceeds the authority granted the Department by SB 853. There is no legal authority for the Department to prohibit a minor from interpreting for a patient *when requested by the patient*. This issue continues to be a matter before the Legislature and should be resolved through legislation, not regulation.<br><br>*Hospitals are required to provide care and will not be able to force a patient to use a professional interpreter instead of a minor.* Section 2538.6 (b)(5) also conflicts with Health & Safety Code §1259(b)(2), which allows the use of minors to provide interpretation services if the hospital has made professional language assistance services available to the patient, and the patient has refused those professional services. | In order to effectuate the purpose of this statute, it is necessary to describe in detail some of the issues that are key to providing language assistance services to LEP insureds such as the use of minor children as interpreters. The development of policies and procedures as proposed in these regulations is a quality assurance measure that will protect individuals, including minor children, from the negative consequences and adverse effects of being inappropriately used as interpreters for patients seeking emergency and non-emergency medical services. The Commissioner has carefully considered the various opinions and positions regarding this issue and has determined that the use of minors as interpreters should be strongly discouraged but not prohibited.<br><br>Section 2538.6 (b)(5) has been amended as subsection (c) which allows the use of a minor as an interpreter in non-emergency situations and in the case of an emergency if certain conditions are met. It is reasonable to anticipate that somewhat technical information may need to be interpreted and very personal, sometimes distressing or emotional information will often be the subject matter of the conversation to be interpreted. The statute requires the Department to set standards for the quality of oral interpretation services; these would be immediately undermined by allowing the use of minors either who may or may not be family members and may or may not have the maturity or ability to understand or interpret complex medical information and decision-making being presented by the doctors and/or nurses. The fact that a lower standard exists in the Health and Safety Code Section 1259 |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | | does not prohibit the Department from setting a higher standard if necessary to improve the quality of language interpreter services. |
| **13** | **Michael Sexton California Medical Association** | **Accept in part. Denied in part.** | **§ 2538.6 (b) (5)**<br>This prohibition against the use of minors as interpreters goes beyond both State and Federal statute/guidance. State law on the use of minors as interpreters in non-existent. Federal Guidance in fact, authorizes the activity. Indeed, the revised Federal Policy Guidance states:<br><br>"Extra caution should be exercised when the LEP person chooses to use a minor as the interpreter. While the LEP person's decision should be respected, there may be additional issues of competency, confidentiality, or conflict of interest when the choice involves using minor children as interpreters. The recipient should take reasonable steps to ascertain whether the LEP person's choice is voluntary, whether the PEP person is aware of the possible problems if the preferred interpreter is a minor child, and whether the LEP person knows that a competent interpreter could be provided by the recipient at no cost. However, a recipient may not require an LEP person to use a family member of friend as an interpreter. In additional, in emergency circumstances that are not reasonably foreseeable, a recipient may not be able to offer free language services, and temporary use of family members of friends as interpreters may be necessary."<br><br>CMA therefore request that proposed Section 2535.6 (b) (5) be amended to remove the "prohibited" language; instead we recommend that the regulations cite the Federal Policy Guidance on the use of minors as | See response to Comment #12. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | interpreters. Specifically, we recommend that Section 2538.6 (b)(5) be amended as follows:<br>"The health insurer's standards for the use of family, friends, and minors as interpreters. The intent of these regulations is to provide qualified interpreting for all LEP insureds at no cost the LEP insureds at all points of contact where language assistance is needed. The use of minors, under the age of 18, as interpreter is ~~prohibited except~~ allowed if the insured is first informed that a qualified interpreter is available at no cost to the insured and that the insured may benefit from the use of that interpreter and in the case medical emergency when no qualified interpreter is available ~~and then only until a qualified interpreter becomes available~~. The offer of a qualified interpreter and the insured's refusal shall be documented in the medical record or otherwise documented by the health insurer." | |
| | | **Denied** | Section 2538.3 (b) (2) requires that the health insurer's Language Assistance Program (LAP) provide written policies and procedures regarding how they will inform providers of the LAP requirement. We do not feel that this clause is comprehensive enough and would like the policy to ensure that physicians are able to navigate the LAP services offered by the health insurer, and without difficulty inform their patients how to access these services. We therefore suggest that Section 2538.3 (b) (2) be amended as follows:<br>"Notifying contracting providers of the LAP requirement, what LAP services are being offered by the health insurer, and how physicians should instruct LEP patients to access these services." | The Department trusts that health insurers will have a vested interest in making sure the physicians who are providing care to their insureds will understand the need to work with all health care providers to make sure that language assistance services are available. If necessary, the details of the how LAP services will be provided, who will provide them and under what circumstances will be worked out between the physicians and the insurers either through contract negotiation or discussion of the operational interfaces between the two entities. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept** | Lastly, Section 2538.5 (a) (4) where the requirements for written translation of vital documents is outlined, it appears there is a prohibition against a health insurer translating any additional documents, unless required on a case by case basis. We do not want to prevent health insurers from taking the initiative to translate extra documents because of this language. We therefore request that Section 2538.5 (a) (4) be amended as follows:<br>It shall not be required that translated document include a health insurer's explanation of benefits or similar claim processing information that is sent to insured's unless the document requires a response by the insured. | This section has been deleted from the regulations. |
| **14** | **Elizabeth Abbott Health Access** | **Denied** | **A Mechanism to Anticipate Insureds Language Needs**<br>We believe the proposed regulation should include a mechanism for insurers to anticipate the language needs of their insureds. Insurance companies will not always know who their insureds are in advance of them seeking care, and therefore, would have difficulty anticipating their insureds' language needs. We propose the addition of the following specifics to the regulation:<br>√ Insurance companies should include a language-need question as part of the enrollment package for people who sign up as part of the individual market. This would be a straightforward way to capture language preferences for individuals who directly purchase their health insurance.<br>√ In the group market setting, the Department could encourage insurance companies to provide a toll-free telephone number to record the language needs of their insureds as part of the enrollment process or | While the Commissioner supports the benefit of insurers obtaining language assistance needs of their insureds early on, these regulations intend to provide insurers with maximum flexibility in developing the LAP. Therefore, it is up to each insurer to determine the most efficient and cost effective method of determining the language needs of each of their insureds. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | shortly thereafter. The group plan administrator or employer could advise their members to call the telephone number to establish the need for language services in a language other than English. This would provide a reasonable opportunity for an assessment of language needs prior to an urgent care or emergency encounter or appointment.<br>√ Language needs should be established or confirmed concurrently with any care actually delivered**.** This would act as a fail-safe mechanism to confirm and record language preferences of their enrollees.<br><br>**<u>Requirements for Interpretation Services</u>**<br>The requirements enumerated in 10133.8 (2) (3) and (4) deal with translation of documents and reference threshold languages and survey requirements. Section (5) and (6) detail the requirements for interpretation services and are quite specific and are not limited. We would like to provide some additional information regarding the implementation of this regulation.<br><br>**<u>Video Medical Interpretation (VMI) as an Example of Cost-Effective Implementation of Language Assistance Services</u>**<br>It is expected that insurance companies will raise concerns about how to assure cost-effective implementation of language assistance programs. Since1999 Health Access has been instrumental in establishing and nurturing a program that provided video medical interpretation (VMI) services to the very clients intended to be helped by this regulation. We tested whether it was possible to use technology -- specifically the internet -- to provide access to interpretation services. VMI includes not only | |
| | | **No response needed.** | | |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | voice (as is done over the telephone) but also television-quality video made possible by computers and the internet. For example, with this technology a clinic in Hayward that has a Cantonese-speaking patient can access an interpreter at Highland hospital in Oakland: literally the physician and the patient can be in an exam room in Hayward with a computer screen that allows them to see and hear a trained medical interpreter in Oakland.<br><br>This is not just an untested, but promising concept. Health Access has received foundation funding to pilot this video link in some of the most challenging clinical settings in California specifically to test the idea of using video access in place of live interpreters. This concept is currently being tested in the public county hospitals in Alameda and San Francisco counties. These public county hospitals receive approximately 200,000 requests for interpretation annually. Both facilities had a tradition of providing a range of interpretation services with about 50 full-time interpreters between them. In addition, both facilities are county hospitals, challenged by funding and other management difficulties that made innovation more difficult.<br><br>The results of the VMI Project are as follows:<br>√ The VMI project has shown that from 45 minutes to less than 10 minutes. **wait times for interpreters could be slashed**<br>√ The **electronic connection** to an interpreter via videoconferencing takes less than one minute.<br>√ **The project provides services in 21 languages**: Amharic, Arabic, Bosnian, Cambodian, Cantonese, Dari, Farsi, Hindi, Korean, Lao, | |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | Mandarin, Mien, Pashtu, Punjabi, Russian, Spanish, Tagalog, Thai, Tigrigna, Urdu and Vietnamese.<br><br>Based on the success of VMI, Health Access has now spun off the Health Care Interpreter Network (HCIN) which is available to any hospital or clinic in the state. Consumers who live in San Joaquin, Contra Costa, San Mateo, Alameda and San Francisco counties may now experience video-medical interpreters at the public hospitals and clinics. Additional hospital systems which will be testing the Health Care Interpreter Network over the next several months include Riverside County Regional Medical Center and Rancho Los Amigos National Rehabilitation Center. We would be pleased to arrange a demonstration of this video medical interpretation (VMI) project if you or your staff would find it helpful. | |
| **15** | **Conrad D. Llaguno Kaiser Permanente** | **Denied** | 1. **§ 25382.2 Definitions**<br>**(j) "Point(s) of Contact" means an instance in which an insured accesses the services covered under a health insurer's policy or certificate, including administrative and clinical services, telephonic and in-person contacts.**<br><br>KPIC requests that the definition of "Point(s) of Contact" be revised to include the term "reasonably anticipated". As a PPO carrier, KPIC cannot reasonably anticipate every possible point of contact with insureds, considering the open-ended nature of a PPO plan where insureds have access to any licensed provider be in or outside the network. | Adding "that can be reasonably anticipated" to this definition would be duplicative. The definition describes "points of contact". The insurer's responsibilities regarding timely interpretation services are described in section 2538.6(b)(1) which includes this language. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | Accept | We suggest the following revision:<br>"Point(s) of Contact" means an instance in which an insurer may reasonably anticipate that an insured will accesses the services covered under a health insurer's policy or certificate, including administrative and clinical services, telephonic and in-person contacts.<br><br>**(o) "Vital Documents" includes but is not limited to the following documents when produced by the health insurer including when the production or distribution is delegated by the health insurer to a third party:**<br>**1) Applications;**<br>**2) Consent forms, including health insurer authorization forms;**<br>**3) Letters containing important information regarding eligibility and participation criteria;**<br>**4) Individual insurance policies and certificates on insurance;**<br>**5) Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a complaint or appeal;**<br>**6) Notices advising LEP persons of the availability of free language assistance and other outreach materials that are provided to insureds.**<br><br>The documents stated under item 4 individual insurance policies and certificate of insurance are outside the scope of the statutory definition of "vital documents" as set forth under section 10133.8 of SB 853. We suggest that such inclusion be deleted from the proposed regulation. | Subsection (4) has been deleted from these regulations. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept** | **2. Section 2538.3 Language Assistance Program**<br>***"(*6) Provision of adequate and on-going training regarding the LAP for all staff ……insured population"***<br>To the extent that PPO carriers contract with health care provider network, KPIC proposes the revision of the language to allow PPO carriers the flexibility in delegating appropriate policies and procedures, such as the above, to its contracted provider network. | This section has been amended to allow this flexibility. |
| | | **Denied** | 3. **Section 2538.6 Individual Access to Oral Interpretation Services**<br>In line with our proposal for the revision of the definition of "Point of Contact to reflect the term "reasonably anticipated" (see item #1 above), to be consistent with this proposal, the term "reasonably anticipated" be reflected in the entire document, as necessary. | Adding "that can be reasonably anticipated" to this definition would be duplicative. The definition describes "points of contact". The insurer's responsibilities regarding timely interpretation services are described in section 2538.6(b)(1) which includes this language. |
| | | **Accept** | 4. **Section 2538.6 Individual Access to Oral Interpretation Services**<br>**"(5) The health insurer's standards for the use of family……..adult interpreter becomes available."**<br>In some instances, insureds may feel more comfortable using relatives and even minors to interpret for them. KPIC proposes the revision of this section to be more flexible by adding an option that providers can have insurers sign waivers when family, friends and minors are used as interpreters. | This section has been amended as requested. |
| **16** | **Eric C. DuPont Metropolitan Life Insurance Company** | | The way Metlife Multi-Language program works is the dentist and the patient each have a sheet of questions relating to health history – the dentist in English )it could be another language, as well) and the patient in their language. The questions are in the same order and can be answered | We appreciate the proactive approach of MetLife in providing health history questionnaire in 34 languages and staffing "call centers" with Spanish speakers. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | with a "yes" or "no". The dentist can go down the questions either reviewing completed responses or pointing to a question and getting the patient response. Currently the Multi-language Health History Program is available in 34 languages. In addition to the Multi-Language Health History program, MetLife Dental currently has Spanish speakers in our call centers who are available to speak with dentists and insureds who speak other languages.<br><br>**Applicability**<br>The applicability of CIC §§ 10133.8 and 10133.9 to supplemental insurance such as stand-along, limited scope dental insurance is tenuous. Section.2538.1 (a) of the proposed regulations states that "{t}hese regulations are applicable to all individual and group policies of health insurance and to all insurers, as defined in §106 of the CIC. CIC §106 defines, in part, "health insurance" as an insurance policy that provides hospital, medical, or surgical benefits. "Health insurer" as defined in Proposed Regulation §2538.2(b) | SB 853 clearly applies to all insurers that fall under the Insurance Code definition of "health insurer". Dental Insurers are clearly included in Section 106(b) definition of health insurance and dental insurance policies are subject to approval by CDI. These regulations are not proposing a new or different definition of health insurer. Section 106(b) includes a list of specific types of insurance coverage that are explicitly excluded from this definition of health insurance and notably, dental is not on that list.<br><br>It is clear that the Legislature intended to include dental insurance as a 106(b) health insurer when section 10133.8 (b)(2) is read. This section provides that "…the regulations may provide that the surveys and assessments by insurers of supplemental insurance products may be conducted less frequently than three years…". 'Supplemental insurance products' is a term of art describing certain insurance policies such as stand-alone dental or vision insurance. Clearly, the Legislature intended to include a type of insurance product that there is specific language addressing. Further, there is nothing in the SB 853 statute that allows CDI to set a different standard for dental insurers. |
| **17** | **Kris Hathaway National Association of Dental Plans** | **Accept in part. Denied in part.** | We appreciate the DOI's need to adhere to the statutory language of SB 853; however, the Legislature also expressly mandates agencies to consider the cost of compliance, availability of language services, and plan flexibility when drafting their regulations. We ask that the Department consider the aforementioned cost indications we've identified that clearly demonstrate the adverse impact the proposed regulations will | See comments to #10 & 16 above.<br><br>Insurers have requested that the Commissioner provide them with as much flexibility as possible in their development of the LAP. This has been done in the regulations. As regards the "limited benefit |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | have on specialized plans, such as dental and vision, and exempt us from the more onerous and costly mandates.<br><br>NADP's concern throughout the drafting of these regulations is the cost of compliance in proportion to the enrollment size and premium base of dental plans. Dental plans will have to absorb excessive costs in order to comply with the proposed LAP.<br><br>To better understand its members' projected expenditures, NADP gathered cost estimates associated with compliance on the proposed regulations. Costs for this program vary greatly among stand alone dental plans in part due to their organizational structure and size, benefit designs, enrollment, information technology ("IT") capabilities, and other similar issues. When the various LAP costs were totaled, the conservative average estimate for compliance with the DOI proposed LAP regulations, is approximately **1 to 1.8 million dollars** per plan. This increase in costs will be catastrophic to dental-only insurance plans given that the average monthly premium for a PPO is only $25-$30 per month per an enrollee. Vision plan premiums are even less.<br><br>To better illustrate these projected costs, we've listed some of the activities and financial requirements our member plans will have to undertake to meet the proposed LAP regulations. | plans" which include vision and dental, it is their responsibility to negotiate with their insurers regarding various issues related to the provision of language assistance services. The insurer is responsible for the translation of vital documents. Regarding the needs assessment, the limited benefit plans could negotiate with the insurer to use the insurer's needs assessment data. In addition, the regulations permit the use of various methods to provide interpretation services to LEP insureds that could include competent bilingual providers and competent bilingual office staff. The Commissioner's responsibility is to monitor the health insurers to ensure that the requirements and intent of SB 853 are being achieved for LEP insureds.<br><br>Note that adult staff is allowed to function as qualified interpreters and this is a common practice in dental offices throughout the State. A patient's need to understand choices about dental care, especially in urgent or emergency situations, is no less important than in medical care decision-making. The consequences of not being able to understand treatment options in a dental care environment may be serious and could have a long lasting impact if language is a barrier between the patient and the dentist. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | **Systems Enhancements:**<br>• will require revamping major modifications to data systems including software enhancements and hiring additional IT staff for implementation. We expect this kind of infrastructure enhancement will require **significant** financial and resource investment.<br>**Translation:**<br>• will be an ongoing expense and will be very costly as well. One of our member plans recently translated a 1 1/2 page plan document from English to Spanish at a total cost of $182.40. Currently, the basic fee for translating a document is $95, and each word translated incurs a per-word charge. That is, a plan will be charged $.19 for each English word translated into Spanish and $.30 for each word translated into Japanese or Thai. A sentence stating the availability of language assistance services to enrollees translated into 10 different languages will cost over $1,000.<br>**Interpretation**<br>• Contract with telephone interpretation services.<br>• Hire bilingual associates.<br>• Provide training and/or certification for bilingual associates.<br>**Training**<br>• Develop, expand, and/or modify cultural diversity training program.<br>• Provide cultural diversity training for existing and newly hired staff.<br>• Hire, train and equip managerial personnel to implement and administer the diversity training.<br>**Administrative**<br>• Educate providers on their responsibilities.<br>• Amend all provider contracts.<br>• Monitor providers to ensure compliance. | |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | The increased demand and oversight of plans over the providers' day-to-day operations may discourage provider participation and result in a reduction of provider networks and diminished accessibility.<br>• Execute and administer the language preference survey.<br>• Develop tracking and reporting mechanisms to monitor internal policies & procedures.<br>• Reassessing and redesigning of quality assurance audits and guidelines.<br>• Increase administrative overhead.<br><br>**Recommendations:**<br><u>We highly recommend that the DOI implement the amendments offered by the Association of California Life & Health Insurance Companies.</u> Their modifications are clearly supported by statutory language and give a detailed explanation of how the Department may stay true to the intent of the statute without sacrificing the flexibility that is necessary for supplemental" plans to continue operation in California. Allowing stand-alone dental and vision plans to utilize cost saving approaches is necessary in keeping dental and vision insurance a viable benefit under the proposed regulations.<br><br>NADP would encourage: | |
| | | **Accept** | • A broad interpretation of 'vital documents', as stand-alone dental plans may utilize different terminology, enrollment procedures, and forms than those currently listed. | "Individual insurance policies and certificates of insurance" has been deleted from the definition of vital documents to be translated. |
| | | **Accept** | • Allowing our member plans to make use of outside assessment techniques for threshold languages, without mandating a costly survey. | Regarding the needs assessment, the limited benefit plans could negotiate with the insurer to use the insurer's needs assessment data. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Denied** | • Oral interpretation only be mandated to include the threshold languages. | The statute clearly distinguishes between the requirements for translation services and oral interpretation services. The statutory language regarding threshold languages is found in the section that specifically related to translation of written documents not oral interpretation services. |
| | | **Accept** | • Eliminating the requirement for a multiple language notice. | "Multiple languages" has been deleted from the regulations for lack of statutory authority. While the requirement for notice in "multiple languages" has been deleted, in order to address the serious issue of LEP insureds receiving notice of the availability of interpretation services in a language that they can understand, the Commissioner has amended the regulations to provide for a notice to be developed by the Department which insurers shall provide to all insureds. It is the intention that this notice shall be written in multiple languages. |
| | | **Denied** | NADP would also encourage the implementation date to coincide with the regulation timeline proposed by the California Department of Managed Health Care of July 1, 2008. As there are many dental and vision plans that offer benefit programs through both the DOI and the DMHC, we would prefer to avoid unnecessary costs if our plans could establish the new Language Assistance Program with each department on the same date. | We believe the implementation date is appropriate considering the statutory requirements. However, the Commissioner will continue to work with DMHC and insurers to ensure that no duplication of efforts is required. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| **18** | **Doreena Wong National Health Law Program** | **Accept in part. Denied in part.** | **§2538.6 (a) Timeliness**<br>In §2538.6, Individual Access to Oral Interpretation Services, "timely" is defined as "a manner appropriate for the situation in which language assistance is needed." This definition of "timely" is extraordinarily broad, provides little guidance to the plans as to what is acceptable, allows far too great a range of interpretation, and would be difficult to enforce. We strongly recommend providing clearer guidance to the insurers rather than the vague, broad language currently provided. Timeliness should be specifically defined in order to be an effective guideline for insurers to follow. Therefore, rather than the current open-ended definition, we strongly recommend that the term "timely" be given a specific time period, within fifteen to thirty minutes. | This section has been amended to provide additional guidance. However, no specific number of minutes has been added to the regulations to allow for flexibility on the part of the health insurers. |
| | | **Denied** | **§2538.6 (d) Use of Trained and Competent Interpreters and Translators**<br>The DOI regulations lack a clear requirement to use qualified or competent or trained interpreters and translators. The regulations list the range of interpretation services that can be used but does not require the use of "qualified," trained or competent interpreters. Another section only refers to the proficiency of interpreters and translators but does not require that interpreters or translators be competent, tested or trained.<br>We would strongly recommend that the proposed regulations be clarified by requiring that bilingual staff and all interpreters must be trained and competent. It would be useful to have the term defined: "Qualified interpreting and translation: interpretation and translation services provided by trained and competent interpreters and translators, respectively, including bilingual staff or providers." | This is an important issue. However, we believe it is beyond the scope of this legislation. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | We strongly believe that there must be a requirement for the insurers to assess the language skills among its contacting providers. This requirement is critical to ensuring that the insurer's provider network is providing adequate interpreter services to LEP enrollees at the provider site. The insurer should have a system to assess the proficiency and evaluate the effectiveness of the language skills of the provider and/or provider staff.<br><br>Furthermore, the DOI regulations do not provide enough guidance to assure the quality and accuracy of the written translations. There is also no reference to any option of enrollees who cannot read to ask for an oral translation of certain written materials. Furthermore, the regulations do not address the appropriate literacy level for which the materials should be translated. | |
| | | **Accept in part. Denied in part.** | **<u>§2538.6 (c) Use of Family Members or Friends and the Prohibition of Minors As Interpreter</u>**<br>Although we commend DOI's recognition of the dangers of using minors as interpreters and wholeheartedly agree with prohibiting such use, the use of any ad hoc, unqualified or untrained interpreter, including friends or adult family members, as interpreters, also cannot provide "qualified interpreting" as required in the regulation. Although the potential harm is exacerbated when children are used as interpreters, any unqualified or untrained interpreters, including adult family members and friends, are prone to omissions, additions, substitutions, volunteered opinions, semantic errors, and other problematic practices that can seriously distort the interpretation. They may not know critical medical terminology and | The Commissioner has modified the language to delete "prohibited" and insert "strongly discourage" regarding the use of minors as interpreters. Clarifies the distinction between the use of a minor in an emergency and non-emergency situation. This change was made to ensure that an adult insured would have access to interpretation if their only choice, after being offered a qualified interpreter at no cost, is to use a minor as an interpreter. |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | be unable to interpret medical information vital in ensuring that the doctor understands the patient's condition and the patient understands her diagnosis and course of treatment. The use of family members and friends also can raise confidentiality and privacy concerns.<br><br>The lack of adequately trained health care interpreters can result in an increased risk of medical errors. Therefore, we strongly recommend that the two provisions regarding the standards for the use of family, friends, and minors be changed. Any ad hoc, or unqualified interpreter should also be prohibited, or at a minimum, discouraged from being used except in emergencies or if the LEP person insists on using him or her after being informed of the availability of a qualified interpreter free of charge. These two exceptions should relieve the insurer and provider of any legal liability if the insured insists on using his or her own interpreter. Thus, in section (c), where the proposed regulations allow the use of an adult family member or friend, we would recommend this be changed, at least to require that the insured be informed regardless if he or she has requested the use of the family member or friend as his or her interpreter, before and not "once" the insured requests it. | |
| | | **No response needed.** | **<u>Specialized Health Plans</u>**<br>Although there may be differences between specialized health plans, such as dental and vision plans, and full service health plans, specialized health plans must meet the same standards as full service health plans since the statute specifically applies to both, and does not allow for any exemption from the statutory requirement to provide language assistance services to LEP enrollees. We believe that there is enough flexibility built in to the | Supports the regulations not exempting 'specialized health plans' or 'limited benefit plans' from these regulations. |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Denied** | regulations for each health plan to meet the cultural and linguistic regulations as promulgated by DOI and do not support the notion of a different or lower standard allowing the dental and vision plans.<br><br>**§§2538.3(c) & 2538.5 (b) Translation of Notices into Multiple Languages**<br>We believe that the insurers have confused the notice requirements as described in §2538.3(c) with the requirements regarding the translation of vital documents in §2538.5(b), in which the notice of free interpreter services must be translated in the multiple languages and included with the English language document in order for the insured to request an oral translation of the English document.<br><br>Since there are no thresholds for the provision of interpreter services, the notice must be provided in as many languages as DOI determines necessary. We would strongly recommend that the notice provisions proposed by the Department of Managed Health Care (DMHC) be used which requires the notices are to be translated into the ten non-English languages identified by the plan as most likely to be encountered among its enrollees. | The definition of "multiple languages" has been deleted. The requirement to provide notice in multiple languages has also been deleted. "Multiple languages" has been deleted from the regulations for lack of statutory authority. While the requirement for notice in "multiple languages" has been deleted, in order to address the serious issue of LEP insureds receiving notice of the availability of interpretation services in a language that they can understand, the Commissioner has amended the regulations to provide for a notice to be developed by the Department which insurers shall provide to all insureds. It is the intention that this notice shall be written in multiple languages. |
| **19** | **Leanne Ripperger PacifiCare** | **Denied** | **Section 2538.1 (b):** We believe the purpose of the regulations is to accomplish *reasonable* accessibility to language assistance services…….. Therefore we respectfully request that the word *maximum* be replaced with *reasonable*. | This language is based upon the language of SB 853, the underlying statute. California Insurance Code section 10133.8 (a) states in part: "...to provide insureds with appropriate access to translated materials and language assistance in obtaining covered benefits." Subsection (d) provides: "…to accomplish maximum accessibility within a cost-efficient system of indemnification." |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Accept** | **Section 2538.2 (e): "Interpreting" or "Interpretation"**<br>Some LEP insured's may not have the ability to read and understand written materials; therefore, oral interpretation of written materials may be necessary. Interpreters should be aware of variances within a language and should be able to communicate with insured's using the appropriate colloquial speech.<br><br>We suggest the following revised language for your consideration:<br>"Interpretation: the act of listening to something spoken or reading something written in one language (source language) and orally expressing it accurately and with appropriate *conversational speech* ~~cultural relevance~~ into another language (target language)." | This section has been amended and we believe addresses this concern. |
| | | **Accept in part.** | **Section 2538.2 (i): "Multiple languages"**<br>The DMHC is using 10 languages and the DOI is using the voting/ballot materials as determined by the Secretary of State for the current year. Notices provided in the languages making up 10 percent or more of the insurer's population pursuant to its assessment will provide adequate disclosure.<br><br>We suggest the following revised language for your consideration:<br>(i) "Multiple languages" means *a language other than English when 10 percent or more of the insured population pursuant to the insured's assessment.* | The definition of "multiple languages" has been deleted. The requirement to provide notice in multiple languages has also been deleted from section 2538.3 and 2538.4.<br><br>"Multiple languages" has been deleted from the regulations for lack of statutory authority. While the requirement for notice in "multiple languages" has been deleted, in order to address the serious issue of LEP insureds receiving notice of the availability of interpretation services in a language that they can understand, the Commissioner has amended the regulations to provide for a notice to be developed by the Department which insurers shall provide to all insureds. It is the intention that this notice shall be written in multiple languages. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | **Denied** | **Section 2538.2 (j): "Points of contact"**<br>The definition appears to be overly broad and beyond those situations for which translation may be necessary.<br><br>We suggest the following revised language for your consideration:<br>(j) "Points of Contact" an instance in which an insured accesses *those* ~~the~~ services covered under a health insurer's policy or certificate, *that can be reasonably anticipated,* including administrative ~~and clinical~~ services, *and physician and patient dialogue in clinical settings* .~~telephonic and in-person contacts~~ | Adding "that can be reasonably anticipated" to this definition would be duplicative. The definition describes "points of contact". The insurer's responsibilities regarding timely interpretation services are described in section 2538.6(b)(1) which includes this language. |
| | | **Denied** | **Section 2538.2 (n): "Translating" or "translation"**<br>Verbatim translation may not accurately or appropriately convey the substance of what is contained in the written materials. Ideally, translated written materials should reflect the dialectic and cultural nuances as well as the acculturation, educational, and literacy levels of the target population. Translating technical medical and legal language into consumer-oriented and easily understood language, whether it is English or another language is challenging. Materials in commonly encountered languages should be responsive to the cultures as well as the levels of literacy of insured's. The need to balance medical and legal accuracy with the language, culture, and literacy levels of insured's is a complicated issue.<br><br>We suggest the following revised language for your consideration to make the definition consistent with DMHC proposed definition as follows:<br>*Translation: replacement of a written text from one language (source* | While the issue of literacy is an important one, it is beyond the scope of these regulations. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | *language) with an equivalent written text in another language (target language).* Or, the following:<br>(n) "Translating" or "translation" means the conversion of a written text in one language into a written text in a second language, *which reflects a meaningful translation.* ~~corresponding to and equivalent in meaning to the text in the first language~~. | |
| | | **Accept** | **Section 2538.2 (o)(4): "Vital Documents"**<br>Insurers should create a plan for consistently determining, over time and across various activities, what documents are vital to the meaningful access to services by the LEP populations they serve. An additional issue relates to translating technical medical and legal language into consumer-oriented and easily understood language, whether it is English or another language. The challenge of addressing the enrollee's level of literacy is complicated by the issue of determining and being responsive to the person's level of acculturation and health and legal literacy.<br><br>We suggest the following revised language for your consideration:<br>*(4) Portions of* individual insurance policies and certificates of insurance, *shall be translated into the insurers threshold languages upon request :* | This subsection has been deleted from the regulations. |
| | | **Accept in part.** | **Section 2538.2 (o)(5): "Vital documents"**<br>Vital documents do not include notices that contain enrollee specific information. Therefore it is imperative that the regulation be exceedingly clear so as not to create ambiguity for the operational staff that will ultimately be required to implement the regulation and ensure compliance. Therefore the regulation needs to include language that makes it clear that | While this subsection has not been amended, section 2538.3 (c) has been amended to further describe the required notice in greater detail. |

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | these documents only need to include a written notice of the availability of interpretation services in the insurer's threshold languages.<br><br>We suggest the following revised language for your consideration:<br>(5) Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance ~~complaint~~ or appeal, shall include with the document a written notice of the availability of interpretation services in the threshold languages identified by the insured's needs assessment. | |
| | | **Denied** | **Section 2538.3: Language Assistance Program**<br>Subsection (a)<br>We respectfully request that the implementation date be set once the regulations are finalized and be consistent with the DMHC. The implementation date should not be established at January 1, 2008 because of the requirement in Section 10133.8(f) which requires the department to begin reporting biennially to the legislature regarding health insurers compliance with the standards established. Providers contract with both health insurers and health care service plan and thus will be attempting to implement their language assistance programs as required under both the DMHC and DOI. | We believe the implementation date is appropriate considering the statutory requirements. However, the Commissioner will continue to work with DMHC and insurers to ensure that no duplication of efforts is required. |
| | | **Denied** | Subsection (c):<br>See comment above under section 2538.2(i) – definition of "multiple languages". It does not appear to be necessary to include this notice with vital documents when they have already being translated into the | This subsection has been amended to clarify the requirements of 'notice'. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | threshold languages?<br><br><u>We suggest the following revised language for your consideration</u>:<br>(c) Health insurers shall develop a written notice that discloses the availability of language assistance services to insured's and explains how to access those services. This notice shall contain the required information in multiple languages, as defined above. A copy of this notice shall be included with ~~all vital documents and~~ all new and renewing insured *<u>materials</u>* ~~welcome packets~~ or similar correspondence from the health insurer confirming a new or renewed enrollment. This notice shall be filed with the Department of Insurance prior to use. | The statute requires "individual access to interpretation services" by insureds in accessing health care. The insured group is made up of individuals. Each of these individuals speaks a language. For purposes of the needs assessment as well as providing language assistance, the insurer may not assess the needs of the "group" to the arbitrary exclusion of certain individual insureds. The Legislative intent was to make sure that each insured's language needs be included in the insurer's needs assessment. The Commissioner has provided flexibility in the regulations for insurers to survey using a variety of methods, however, without individual language preferences being known, appropriate individual interpretation services will be difficult to provide. |
| | | **Denied** | **Section 2538.4 (a)**<br>Please refer to the comments that ACLHIC made requesting clarity as to how the department interprets the term "insured's". | |
| | | **Accept** | **Section 2538.5 (b)**<br>Section 10133.8 (b)(3)(C) requires that the insured be notified of the availability of interpretation services in the threshold languages.<br><br><u>We suggest the following revised language for your consideration:</u><br>(b) For those vital documents that contain insured-specific information, health insurers shall not be required to translate the documents into the indicated/threshold languages identified by the needs assessment but rather shall include with the ~~English language~~ document a *<u>written</u>* notice~~, written in multiple languages, as defined,~~ of the availability of interpretation services in the indicated/threshold languages identified | This subsection has been amended to clarify the meaning. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | by the needs assessment. | |
| | | **Accept** | Subsection (b) (2):<br>Section 10133.8 (b)(3)(C)(ii) requires that the insured be notified of the availability of interpretation services in the threshold languages.<br><br>We suggest the following revised language for your consideration:<br>(2) Whenever a requested document requires that an insured take action within a certain period of time, that period of time shall not begin to elapse until the health insurer issues to the insured a translation of that document in accordance with the provisions of this article. For appeals that require expedited review and response, the health insurer may satisfy this requirement by providing notice in ~~multiple languages~~ of the availability and access to oral interpretation services. | This subsection has been amended to delete "multiple languages" from the regulation. |
| | | **Denied** | Subsection (d):<br>Effective translation and interpretation should include an understanding of terminology that may be peculiar to or specialized (for example medical terminology). We are unclear on as to what specialized terminology would include.<br><br>We suggest the following revised language for your considerations:<br>(d) Every health insurer shall develop policies and procedures to ensure the quality and accuracy of written translations and that each translated document meets the same standards as are required for the English version of the document. The policies and procedures shall include mechanisms for ensuring the proficiency of the individual providing | This language is descriptive and an important part of proficiency in any language as an interpreter in a health care setting. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| | | | translation services, including a documented and demonstrated proficiency in the source and target languages. ~~and knowledge of applicable specialized terminology in both the source and target languages.~~ | |
| | | **Denied** | **Section 2538.6 (c):** The insurer should not be held to a documentation requirement for which they could not consistently comply.<br><br><u>We suggest the following revised language for your consideration</u>;<br>(c) An insured may request the use of an adult family member or friend as the interpreter in a non-emergency situation. Once the insured has requested the use of an adult family member or friend as his or her interpreter, the insured shall be informed in his or her primary identified language that a qualified interpreter is available at no charge to the insured. If the insured refuses the offer of the qualified interpreter, the offer of a qualified interpreter and the insured's decision to use the adult family member or friend as the interpreter shall be documented in the medical record or health insurer file, <u>*as applicable*</u>. This section is not intended to limit any other provisions of California or federal law. | Medical personnel are responsible for documenting various information in the file of a patient. Including a statement about interpreter services being offered is not unduly burdensome. |
| | | **Denied** | **Section 2538.7 (c)**: We respectfully request that the implementation and reporting dates be set once the regulations are finalized and be consistent with the DMHC. Many health insurers also have health care service plan licenses and thus will be attempting to implement their language assistance programs as required under both the DMHC and DOI. | We believe the implementation date is appropriate considering the statutory requirements. However, the Commissioner will continue to work with DMHC and insurers to ensure that no duplication of efforts is required. |

# CALIFORNIA DEPARTMENT OF INSURANCE
## Summary and Response to Public Comments
## SB 853 - Health Care Interpreter Regulations
## First Comment Period 8/11/06 – 9/26/06

| # | Person Submitting Comment | Action Taken | Summary of Comments/Issues Submitted | CDI Response |
|---|---|---|---|---|
| **20** | **Len Matuszak, United Concordia Dental Health** | **No response needed.** | Joins with NADP to consider their comments and recommended changes. | See response to #17-National Association of Dental Plans. |